(*a*) whether all the villages in the State have got qualified midwives appointed by the Public Health Department ; and

(*b*) if the answer to (a) is in the negative, will they take up the question now ?

Rajyasevanirata Dr. M. K. Gopala Pillai (*Director of Public Health*) : (*a*) No.

(*b*) The question has already been taken up and new midwifery centres are being opened in rural areas year after year.

Midwife at Arakozha.

165. * **Mr. Paul A. Thaliath** : Will the Government be pleased to state :

(*a*) whether any complaint has been received from the public of Arakozha and adjoining places about the necessity of having a midwife in the centre of that locality ; and

(*b*) if the answer to (a) is in the affirmative, will they sympathetically consider the request ?

Rajyasevanirata Dr. M. K. Gopala Pillai : (a) Yes.

(*b*) Yes.

Appointment of Midwives in rural areas.

166. * **Mr. M. K. Velu Pillai** : Will the Government be pleased to state the number of midwives appointed in rural areas ?

Rajyasevanirata Dr. M. K. Gopala Pillai : 36.

Measures to improve the health of the people in rural areas.

167. * **Mr. M. K. Velu Pillai** : Will the Government be pleased to state the measures adopted by them in 1120 to improve the health of the people in the rural areas ?

Rajyasevanirata Dr. M. K. Gopala Pillai : A *statement containing the required information is laid on the table.

Economic Development Board.

168. * **Mr. K. Shahul Hameed** (*Trivandrum and Nedumangad cum Chirayinkil*) : Will the Government be pleased to lay on the table a statement, by caste, of the number of members of the Economic Development Board ?

Mr. C. Kumara Das (*Secretary to Government*) : The member is referred to page 84 of Part I of the Travancore Directory for 1945.

Post-war Reconstruction.

169. * **Mr. M. Madhavan Namboothiri** : Will the Government be pleased to state :

(*a*) whether any Committee or Sub-Committees have been constituted to consider schemes of Post-war Reconstruction ; and

(*b*) if so, whether they have submitted any reports ?

* *Vide* Appendix- I p. 494.

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Appendix I.

Vide Answer to Question No. 167.

Control of communicable diseases.

Small-pox is combated by an intensive vaccination compaign. As there were no cases of cholera, no anti-cholera measures were called for. Anti-typhoid inoculations are conducted in infected areas. Mass treatment for Malaria by house to house disiribution of Quinine and other anti-malarial drugs has been instituted in the various localities affected by Epidemic malaria. Measures for combating plague, chicken-pox, dysenteries and Diarrhoea and other communicable diseases are adopted according to requirements.

2. *Rural Sanitation.*

Rural Sanitation is intensively attended to in all the conservancy stations numbering over 60. The number of these stations is being raised year by year, the additions in 1120 being 3. Sanitation of markets and Fairs and Festivals is an important Rural Health activity. A compaign for the installation of sanitary latrines in rural areas is being vigorously pushed through. Construction and maintenance of protected sources of Rural Water-supplies form an important part of the Rural Health programme.

3. *Maternity and Child Welfare.*

24 Rural midwifery Centres are at work in different parts of the State. Their number also is being steadily increased annually, the additional centres opened in 1120 being two.

4. *Health Unit, Neyyattinkara.*

The Health Unit, Neyyattinkara, one of the earliest units established in India, functions as a comprehensive Rural organisation providing all kinds of Rural Health Service.

5. *Milk Canteens.*

More than 400 milk canteens have been opened in 1120 in different parts of the State. Free distribution of milk and multivitamin tablets is under-taken by these canteens.

6. *Health Propaganda.*

Propaganda on disease prevention, nutrition and Hygiene and Sanitation is steadily carried on in rural areas.

7. *Public Health Organisations.*

Each of the 30 taluks has since Medom 1119 been provided with a Sanitary Circle under a Sanitary Circle Officer. The scheme has afforded the service of a Sanitary Inspector or Assistant to every 2 pakuthies on the average—a measure of great utility for he promotion of Rural Health.

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